



-Attorney Docket No. 450100-02829

Issue Fee of Application of 09/706,116

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Technology Center 2600

**DIGITAL BROADCASTING RECEPTION SYSTEM, DIGITAL BROADCASTING
RECEIVER, DISPLAY, PRINTER AND PRINTING METHOD**

Express Label No.: EU490720914US

Date of Deposit: July 1, 2003

I hereby certify that this application and the accompanying papers are being deposited with the

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service under 37 CFR 1.10 on the date indicated above and is addressed to:

MAIL STOP NON-FEE AMENDMENT
COMMISSIONER FOR PATENTS
ALEXANDRIA, VA 22313-1450

Leeanne Lawlor

Date: July 1, 2003

7-3-3
PATENT 450100-02829 2614
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) Toshio Narushina et al.)

Serial No.: 09/706,116)

Filed: November 3, 2000)

For: DIGITAL BROADCASTING)
RECEPTION SYSTEM, DIGITAL)
BROADCASTING RECEIVER,)
DISPLAY, PRINTER AND)
PRINTING METHOD)

Examiner: desir, Jean Wicel)

Art Unit 2614)

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Technology Center 2600

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	49	Minus 20	** =49	* 0 x	\$18 (9)	= \$
Independent claims	5	Minus 3	*** =5	* 0 x	\$84 (42)	= \$
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$ ____ (____) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a ____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ ____ is attached, which covers the cost of ☐ additional claims & ____ month petition for extension of time.
- ☐ Charge \$ ____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450 on July 1, 2003.

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

Express Mail Label No. EU490720914US

Leeanne Lawlor

Typed Name of Person Mailing Correspondence

Signature
July 1, 2003

By:

Leonard J. Santisi
Reg. No. 24,135
Tel: 212-588-0800